

Office of Registration & Scheduling Services
140 Luther Bonney Hall, Portland Campus
107 Bailey Hall, Gorham Campus
TEL (207) 780-5230
TTY (207) 780-5646
FAX (207) 780-5517
registerusm@maine.edu/reg

ENROLLMENT VERIFICATION FORM

Please print yo	our full	name:				
Student ID (If known):			D	Date of Birth:		
Please indica	ite wha	t you want verified and c	omplete the a	ppropriate fields:		
You must be r	egistere	ed in course(s) for the seme	ester you wish	to verify enrollment.		
☐ Single Sem	nester: _	(eg. Fall 2020)				
☐ Range of D	ates:		to			
3		(eg. December 2020)		(eg. August 202	23)	
		attendance - Used in instai tend up enrolling.	nces where yo	u may have matriculated	d or applied for	
Please choos	se a del	livery method:				
☐ Emailed to	my mai	ne.edu email address:			@maine.edu	
☐ Picked up o	on the fo	ollowing date:				
,	At the	☐ Portland Campus ☐	Gorham Camp	ous		
☐ Mailed to th	e follow	ving address:				
-						
-			 		_	
-					_	
Signature:				Date:		

Form to be returned to the Office of Registration and Scheduling Services